

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584699

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
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10						
11						
12						
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33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44			1			
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	0	←	6	←	0	←
TOTAL CLAIMS	0		7		0	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
56					1	
57					1	
58					1	
59					1	
60					1	
61					1	
62					1	
63					1	
64					1	
65					1	
66					1	
67					1	
68					1	
69					1	
70					1	
71					1	
72					1	
73					1	
74					1	
75					1	
76					1	
77					1	
78					1	
79					1	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	6	↓	0	↓
TOTAL DEP.	0	←	37	←	0	←
TOTAL CLAIMS	0		43		0	